

07-02-01

A/re

06/29/01

Please type a plus sign (+) inside this box → ☒
 PTO/SB/50 (08-00)
 Approved for use through 12/30/2000. OMB 0651-0033
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.


REISSUE PATENT APPLICATION TRANSMITTAL

 11000 U.S. PRO
 09/895568
 06/29/01

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No. 153501-0375 First Named Inventor Dennis H. Weissert Original Patent Number 5,915,841 Original Patent Issue Date (Month/Day/Year) June 29, 1999 Express Mail Label No. EL088714715US	
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)			
APPLICATION ELEMENTS (37 CFR 1.173) 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96)		ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other: Request for Abstract of Title	

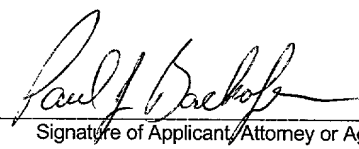
15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below (insert Customer No. or Attach bar code label here)					
Name	IRELL & MANELLA LLP				
Address	1800 Avenue of the Stars Suite 900				
City	Los Angeles	State	CA	Zip Code	90067-4276
Country	U.S.A.	Telephone	310-277-1010	Fax	310-203-7199

NAME (Print/Type)	Paul Backofen	Registration No. (Attorney/Agent)	42,248
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 153501-0375		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ 0 =		or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ 0 =			x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 355			\$ _____
Total Filing Fee					\$ 355		\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee							OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 09-0946 in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0946.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p>June 29, 2001</p> <p>Date</p> </div> <div style="text-align: center;">  <p>Signature of Applicant/Attorney or Agent of Record</p> <p>Paul Backofen, Reg. No. 42,248</p> <p>Typed or printed name</p> </div> </div>								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.